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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Morocco

Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session of 1996 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board should approve the amount of $7,360,000 from general resources, subject to the availability of funds, and $11,000,000 in supplementary funds subject to the availability of specific-purpose contributions under the programme for Morocco for the period 1997 to 2001.

* E/ICEF/1996/18.

** The original country strategy note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1995. They will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Morocco is a middle-income country whose national indicators mask considerable disparities. The difficulties currently experienced by the national economy, especially with respect to debt servicing, urban unemployment and drought, have placed most of the population under severe strain. However, as a result of the unswerving commitment of the royal family, the country has accorded special attention to the cause of children since over 40 per cent of its population is made up of children under the age of 15. Morocco ratified the Convention on the Rights of the Child in June 1993, established a standing congress on the rights of the child and has observed a National Children's Day every year since 1994. In July 1995, the Government finalized its initial report to the Committee on the Rights of the Child.

2. The infant mortality rate and the under-five mortality rate have declined mainly as a result of the upgrading of the health-care system. Diarrhoeal disease is the leading cause of death in children under the age of five, followed by infectious diseases and acute respiratory infections. The intermediate objective of 80 per cent immunization coverage has been attained and no case of poliomyelitis has been reported since 1991.

3. Despite these efforts, however, the results in certain areas fall short of national expectations. Morocco seems to have lost some of its edge as regards maternal and infant mortality indicators. According to a national survey conducted in 1995 using the panel system, the neonatal mortality rate was 37 per 1,000 live births in 1995, as against 31 in 1992. The maternal mortality rate is unusually high by comparison with the other countries of the subregion and was 610 per 100,000 live births in 1990 according to World Health Organization (WHO) and UNICEF data. This result reflects the lack of an effective strategy for improving women's living conditions in terms of the health conditions prevailing in rural areas. Only 6 per cent of births are attended by a doctor and 20 per cent by a nurse or midwife. Moreover, adolescent and adult morbidity is dominated by digestive tract diseases, infectious diseases and sexually transmitted diseases (STD). While the incidence of AIDS remains low (306 cases were officially reported in 1995) the number of individuals who are HIV-positive cannot be estimated owing to the lack of screening resources.

4. According to the Ministry of National Education, while the overall school enrolment ratio was 58 per cent in 1993, the ratio in rural areas was only 37 per cent. The school enrolment ratio for girls remains extremely low in rural areas, with 22 per cent enrolled in the first year of the primary cycle in 1993, as against 85 per cent in urban areas. The overall literacy rate among women was 32.5 per cent in 1994 and only 11 per cent in rural areas. Moroccan women and girls remain especially vulnerable because of their low educational levels.

5. In addition to gender disparities, persistent geographical inequalities are affecting the country's development, in part because of natural conditions such as physical isolation or desertification. Deteriorating living conditions are exacerbating rural poverty, particularly for female heads of household mainly because of the difficulties caused by the inadequacy of basic infrastructure and

their remoteness from health centres. The proportion of women who receive at least one prenatal check-up is 18 per cent in rural areas, as against 61 per cent in urban areas. Only 14 per cent of the rural population has access to safe drinking water, which is widely available to city dwellers (100 per cent). The backwardness of the rural areas is attributable to several factors. The first of these is the structure and size of human settlements: although 95 per cent of the settlements do not have more than 1,000 inhabitants, such settlements nevertheless account for 75 per cent of the rural population. Furthermore, until very recently, Government investment policies have focused on urban areas, which are better organized, to the detriment of rural areas. In fact, the rural communes, which are entrusted with regional development, have very meagre human and financial resources. Over 90 per cent of such communes receive a state subsidy for their operating expenses. This fact is reflected in their poor performance and poor quality of social services.

6. The economic, social and health situation of many families living in some disadvantaged urban fringe areas has become very precarious. Factors related to the breakdown of the family unit have contributed to the increase in the number of abandoned children, female heads of household and street children. In addition, migration from rural to urban areas and impoverishment create conditions favourable to child labour, which in 1993 affected 68,000 children under 15 in the urban areas - 48,000 boys and 20,000 girls. These official figures are probably on the low side because they do not cover the informal sector.

PROGRAMME COOPERATION, 1992-1996

7. Programme cooperation in 1992-1996 was aimed at substantially improving most of the intermediate indicators of the national programme of action and mobilizing Moroccan society as a whole in the face of the problems identified in the situation analysis.

8. In the area of health, the national immunization programme has considerably benefited from the launching, in 1993, of the initiative for self-sufficiency in vaccines, with the support of the United States Agency for International Development (USAID). That initiative has enabled Morocco to maintain immunization coverage of over 80 per cent, improve the planning and management of vaccine supply and consider for the coming years alternative strategies to increase coverage in areas that are still poorly served. The rapid success achieved in the control of diarrhoeal disease (CDD), the elimination of iodine deficiency disorders (IDD) and the control of acute respiratory infections (ARI) will enable Morocco to attain the goals of the national programme of action. Most of the activities have been developed through broad social mobilization and bearing in mind the need for continuity, be it with respect to management capacity, the sharing of investment costs or self-sufficiency of the country in key products (vaccines under the initiative or self-sufficiency in vaccines, iodization of salt, support for the national rural rehydration salts production project). However, the safe motherhood programme did not achieve its objectives because of an approach which is still too rigid and a lack of integration of primary health care (PHC).

9. The initial aim of the basic education programme was to improve the quality of basic education and to teach mothers how to read and write. The project to improve school enrolment among girls in rural areas has become a priority. During a pilot phase, this project benefited five provinces and a comprehensive strategy based on strong community participation and social mobilization has been developed aimed at matching supply with demand in the field of education, training teachers and improving the quality of instruction. A specific water and sanitation component has been established to alleviate the domestic chores of girls and thus enable them to attend school. This intersectoral and decentralized approach has led several donors to concern themselves with the situation of girls in rural areas and the Ministry of National Education, with the support of the Joint Consultative Group on Policy, prepared in early 1996 a new strategy for school enrolment in rural areas.

10. Integrated basic services have been introduced in rural areas of five provinces. This programme has demonstrated that community participation is crucial to ensuring the continuity of projects and that at the local level there is a will and a potential which could be tapped in a development process, but which had been considerably underutilized thus far. The programme has also shown that activities in the area of drinking water supply are a good starting point for development projects and that the results achieved are better in terms of the involvement of women and the ownership of the projects when the population is brought in through local associations.

11. The programme for children in difficult circumstances has supported many initiatives launched by associations active in that field in order to try to find solutions to the problems of street children, working children or vulnerable children (children of disadvantaged parents, single mothers). Activities of this kind were developed during the cycle and focused mainly on: establishing children's clubs in poor urban fringe neighbourhoods; providing support for various case-studies concerning street children and girls employed in domestic service (with the Moroccan Child Protection League) and working children (with the Ministry of Labour and Social Affairs and a regional association) and lastly on awareness-raising activities and information (with the Ministry responsible for human rights).

Lessons learned from past cooperation

12. Generally speaking, considerable progress has been made in the strengthening of national capacity, including that of civil society, the development of local funding potential and the continuity of national programmes. In the context of monitoring the implementation of the Convention on the Rights of the Child and with the aim of helping to reduce disparities, UNICEF cooperation with Morocco should increasingly focus on the protection of women and the most vulnerable children. Since the Government and non-governmental organizations have taken over operational activities, UNICEF activities should now be focused on advocacy and the mobilization of resources for children mainly from civil society. Cooperation with the Moroccan Association for UNICEF (AMS-UNICEF) should also be enhanced during the next cycle with a view to the establishment of a Moroccan national committee for UNICEF.

13. Despite Morocco's difficult national economic situation, education has been a priority sector in the country's medium and long-term development policy, especially since the early 1990s. The new comprehensive strategy initiated in early 1996 and in which various ministerial departments, agencies of the United Nations system and local government bodies participate, reiterates the special importance now accorded to improving school enrolment, making basic education available to all in rural and urban fringe areas, and promoting the enrolment of girls in school.

14. Progress under the project for integrated basic services in rural areas was achieved thanks to the gradual decentralization of activities and better integration of the project at the local level through greater involvement of local authorities (provincial governors, local education officials). In the context of the programming process that will lead to the adoption, in 1996, of the country strategy note, joint consultations among the partners has produced agreement that the scope of UNICEF action should be extended beyond children and mothers to include families and the community.

RECOMMENDED PROGRAMME COOPERATION, 1997-2001

General resources: $7 360 000
Supplementary funding: $11 000 000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Advocacy and information, education and communication	787	874	1 661
Basic education	950	1 850	2 800
Primary health care	1 065	3 325	4 390
Water, sanitation and hygiene	950	2 000	2 950
Advancement of women	470	750	1 220
Urban areas	500	1 000	1 500
Programme support	2 638	1 201	3 839
Total	7 360	11 000	18 360

a/ The breakdown for estimated yearly expenditures is given in table 3.

15. The point of departure for the programming process was the mid-term review conducted jointly with the agencies of the Joint Consultative Group on Policy. The review was followed by the situation analysis, which was prepared under the

direct responsibility of the Minister for Foreign Affairs and Cooperation, with considerable support from the main ministerial partners and several non-governmental organizations. The country note was prepared in conjunction with this. As part of its joint programming with the members of the Joint Consultative Group on Policy, the Government then organized a series of consultations involving the principal ministerial partners, non-governmental organizations and other financial backers.

Programme objectives and strategies

16. The national objectives to the year 2000 were set out in 1993, in the national plan of action. In the context of implementation of the Convention on the Rights of the Child, the general objective of the programme cooperation was to contribute to the achievement of national objectives, giving priority to reducing maternal and child mortality, improving access to safe drinking water and making basic education universal.

17. With a view to ensuring that UNICEF funding makes an effective contribution to the objectives defined at the World Summit for Children, the aim of the next programme will be decentralization. The strategies to be implemented will be: concentration of activities on regional pockets of inequality; social mobilization and advocacy; strengthening cooperation with other United Nations system development agencies, non-governmental organizations and donors; development of sectoral activities between national, regional and local levels; improvement of the information system and establishment of a database for enhanced monitoring of the implementation and lasting development of the programme; strengthening of national and, above all, local capacities; and reduction of disparities between the sexes.

18. The programme will be implemented at two levels: the national level, with the emphasis on advocacy, and the decentralized level, in rural and urban areas. Activities in rural areas will be carried out on the basis of an integrated and decentralized approach in seven provinces of the Tensift and Sud regions, having a population of 3 million (approximately 20 per cent of the entire rural population), including some 360,000 children under five years of age. Communities will be selected for more specific actions on the basis of the criteria of poverty and isolation, as well as the main indicators of the national plan of action. The governor of each province will ensure the coordination of different activities and will designate a programme coordinator. Partnership agreements will be established with governors, provincial officials responsible for technical services, community leaders and partner associations. At the central level, the main institutional partner will be the Ministry of the Interior in its capacity as supervising ministry for local government bodies. It will work closely with the local authorities and elected officials, and will also ensure that joint activities are coordinated in all areas.

Advocacy and information, education and communication

19. At the national level, priority will be given to advocacy and social mobilization activities designed to ensure that action is sustained and to promote a commitment to the cause of children on the part of society as a whole. In the framework of implementing the Convention on the Rights of the Child,

UNICEF will support Child Situation Watch. The programme will contribute to establishing a national documentation and information network and to the preparation, publication and broad dissemination of data on children in Morocco. It also aims to support central institutions in establishing sectoral strategies tailored to the rural environment. That support is to be provided, in close coordination with other sources of financing, for the establishment of the new strategy of basic education, with the United Nations system; the national safe motherhood policy with the United States Agency for International Development, the World Health Organization, the United Nations Population Fund and the European Union; implementation of the national drinking water supply programme for the inhabitants of rural areas; the national strategy for reduction of poverty, with the World Bank and the United Nations Development Programme; and, finally, the establishment and implementation of a national policy for the protection of working children, including a review of legislation.

20. UNICEF will support the organizations involved in the cause of children, first among which is the Moroccan Association for UNICEF, notably in connection with such events as National Children's Day, the annual congress on the rights of the child or the international day of children's radio and television. UNICEF will also give support for the creation of an organization of national and international associations active in rural areas, which will be responsible for promoting the formation and activities of associations at the local level. Moreover, the programme will lend its support to the development of information, education and communication (the preparation, production and dissemination of printed and audio-visual materials) in collaboration with the Ministry of Communication, with a view to ensuring the continuity of national programmes. UNICEF support to the Ministry of Public Health in the framework of the Vaccine Independence Initiative will be maintained and evaluated at regular intervals. The programme will also give support for the preparation of training packages on hygiene, parent education, community participation and labour law.

Basic education

21. The programme objectives for formal education in 20 rural communities will be: (a) to ensure access to the first stage of basic primary education for 80 per cent of girls; (b) to ensure that at least 80 per cent of girls continue school until the end of the basic primary stage; (c) to establish monitoring committees at the community level. The programme aims to stimulate the educational role of the family, to reinforce parents' associations and to upgrade primary education, in particular through the redesign of school curricula to meet the needs of rural communities and through training teachers, to extend their scope and enable them to play a full role as community development workers.

22. In non-formal education, particular attention will be given to the advancement and development of women through such activities as literacy training and parent education. Literacy training for women in a rural environment will be supported by making women more aware of notions of early childhood development, with a view to improving their attitudes and educational practices. This component will be developed as a priority with populations targeted by the project for the advancement of women. All activities concerning

education will be carried out in close collaboration with the other donors involved in promoting the education of women and girls.

Primary health care

23. The programme objectives are: (a) to ensure adequate access to primary health care for 600,000 inhabitants; (b) to increase the quantity and quality of prenatal and post-partum check-ups by 25 per cent; (c) to improve delivery conditions, ensuring that proper assistance is provided for at least 50 per cent of deliveries; (d) to set in place mechanisms to guarantee the continuity of care and shared responsibility for management of health problems by the different partners and the community. The participatory approach, as developed under the Bamako Initiative, will serve as a frame of reference to increase the responsibilities of local government bodies and to decentralize the management of primary health care.

24. The proposed programme will have various components: (a) expansion of primary health-care services; (b) strengthening of the institutional capacities of the health system (improvement of management, planning, supervision); (c) better access to essential drugs, in the form of a "minimum package" (including vitamin A and iron supplements); (d) development of mechanisms for funding the health system and covering costs. Special attention will be paid to improving the services needed to promote women's health. The health programme will be implemented with the support of social mobilization and information, education and communication. It will be developed in the framework of the country strategy note and will complement the activities of other United Nations agencies, in particular the World Health Organization, as well as the activities of the European Union, bilateral cooperation and non-governmental organizations.

Water, sanitation and hygiene

25. The specific objectives are: (a) to guarantee the supply of safe drinking water to 120,000 persons in 12 rural districts, selected from among 60 districts targeted for PHC intervention on the basis of vulnerability criteria (prevalence of water-borne diseases, relative difficulty of fetching water, scarcity of water resources, etc.); (b) to establish a community management structure in each of the selected villages; (c) to promote sanitation and hygiene practices. The strategies to be developed will focus on utilization of appropriate technology, integration of water, sanitation and hygiene activities, and strengthening of community participation through the mobilization or creation of representative structures for the villagers, involving them in every phase of the project. Priority will be given both to establishing close partnerships with donors and local non-governmental organizations for programme implementation and to involving district chiefs in the follow-up. Hygiene education activities will be carried out to coincide with the installation of water points and latrines in schools and mosques in the areas covered by the rural programme.

Advancement of women

26. These activities in rural areas will be developed through projects which must be based on the needs expressed by the women themselves. They will be

integrated into the other programme projects, which may serve as a point of departure. Income-generating activities, using appropriate tried and tested technology, will be proposed and expanded to include small local associations in the target areas. A second group of activities will provide girls and women with training geared to the rural environment, focusing on agriculture, tree cultivation and animal rearing. This training will provide an opportunity to undertake awareness-raising activities aimed at educating trainees in basic hygiene, persuading them to enrol their children in school and to practice birth spacing.

Urban areas

27. The programme for vulnerable women and children will be established in the urban and urban fringe areas of Fez, Casablanca, Salé, Marrakesh and Tangiers. These five cities are made up of 40 municipalities, having a total population of some 5 million inhabitants (40 per cent of Morocco's urban population), including approximately 600,000 children under five years of age. The target groups will be female heads of household, girls in difficult circumstances, working children, disabled children and street children. The programme will develop integrated activities covering women's health, alleviation of their tasks, their children's living conditions and the creation of income-generating activities. Projects will be identified according to the needs expressed by the community and implemented in conjunction with non-governmental organizations, local authorities and the agencies of the Joint Consultative Group on Policy (JCGP).

28. The strategies to be developed for the vulnerable girls and women project will include the establishment of (micro-credit) support mechanisms for income-generating activities, the promotion of women's associations, and skills development training for non-governmental organizations which work on behalf of disadvantaged women. Among the main areas of activity will be non-formal education and education relating to population, health and hygiene matters; the establishment of outreach and counselling centres for women and girls experiencing difficulties; support for the establishment of collective nurseries, and vocational training geared to the labour market.

29. Strategies for the children in difficulty project will focus on strengthening partnership between ministerial departments and non-governmental organizations in order to provide care for children in difficulty; supporting outreach and counselling centres; and liaising with local associations and non-governmental organizations for project implementation and follow-up. Activities will focus on literacy programmes, economic and social rehabilitation, and assistance for children and young people experiencing difficulties (prevention of STDs, drug dependency, delinquency etc.).

Monitoring and evaluation

30. In order to ensure proper monitoring and financial management of programme activities, a broad-based committee will be established, under the aegis of the Ministry of Foreign Affairs and Cooperation, to include representatives from UNICEF, partner ministries at the central and local government levels, and associations responsible for implementation in the field of particular programme

components and projects. All partners will have access to a permanent database on programme implementation. Among the Committee's tasks will be to identify projects for evaluation and carry out annual and mid-term reviews.

Programme management

31. The new direction in cooperation between UNICEF and Morocco will necessitate important changes in the structure of the bureau, which should in turn reflect UNICEF's new mission. A detailed review of job descriptions and tasks to be achieved, as part of an overall drive to improve both the quality of work and staff motivation (through self-evaluation and the identification of personal goals), will contribute to the accomplishment of the bureau's mission. The emphasis will be on the importance of team work, the development of analytical and management skills, and good working relationships. The section responsible for external relations, information, advocacy work and resource mobilization will be fully integrated into the programme section.

32. Funds from general resources have been allocated to the various decentralized programmes for rural areas, with a view to carrying out integrated activities for the three key rural provinces. If sufficient supplementary funds are obtained, a total of seven provinces will be covered. With regard to the urban programme, all parts of the programme are to be carried out in the five cities to be covered; the extent of coverage among the population will depend upon the amount of supplementary funding obtained. The national programme for follow-up to the Convention on the Rights of the Child (advocacy/IEC) will be implemented exclusively with general resources. With regard to the IEC programme, which is closely linked to the decentralized programmes, funds from available general resources will cover three key provinces (rural) and all the urban areas.

Fund raising

33. In addition to the supplementary funds provided by external sources, the programme will seek to mobilize resources from within the country itself. The prospects for national resource mobilization look increasingly promising, since the supplementary funds proposed in the country programme recommendation are slightly higher than previous figures in the country note. The fund-raising strategy will focus primarily on the private sector. The sale of UNICEF greetings cards will be progressively expanded to include all the major cities of Morocco, with the support of the Moroccan Association for UNICEF (AMS-UNICEF) and the participation of Moroccan artists. The aim will be to double sales by the year 2000. In addition, experiments involving co-financing of projects supported by UNICEF will be continued and further developed, in cooperation with representatives from the private sector and local associations such as AMS-UNICEF. In order to ensure transparency in the management of funds that have been collected, an ethics committee will be set up, to include representatives from the administration and from civil society (associations and private sector representatives).

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Morocco	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	56	(1994)	Middle U5MR
Infant mortality rate	46	(1994)	Middle IMR
GNP per capita	$ 1150	(1994)	Middle-income GNP
Total population	26.5 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	724	721	742	746
Infant deaths (under 1)	(thousands)	87	72	43	34
Under-five deaths	(thousands)	136	104	53	42
Under-five mortality rate (per 1,000 live births)		188	145	72	56
Infant mortality rate (under 1) (per 1,000 live births)		121	100	58	46

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1987/1992)	Moderate & severe	16 *	9
	Severe	4 *	2
Babies with low birth weight (%, 1979/1990)		4	9
Primary school children reaching grade 5 (%, 1985/1992)		69	80

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1992)	..	65
Timely complementary feeding rate (6-9 mos.) (%, 1992)	..	35
Continued breast-feeding rate (20-23 mos.) (%, 1992)	..	19
Prevalence of wasting (0-59 mos.) (%, 1987/1992)	4 *	2
Prevalence of stunting (0-59 mos.) (%, 1987/1992)	26 *	23
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	114	125
Total goitre rate (est.)	..	20
Household expenditure (% of total income, 1980 or 1985) — All food/cereals	.. / ..	38 / 12

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	29
Access to health services (% of population, 1980/1985)	Total	52	70
	Urban/rural	93 / 24	100 / 50
Access to safe water (% of population, 1988/1992)	Total	59	55
	Urban/rural	100 / 25	94 / 18
Access to adequate sanitation (% of population, 1988/1993)	Total	55	41
	Urban/rural	100 / 19	69 / 18
Births attended by trained personnel (%, 1987/1992)		26	31
Maternal mortality rate (per 100,000 live births, 1990)		..	610

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	..	78	96	93
	DPT	43	46	81	87
	Polio	45	46	81	87
	Measles	..	42	79	87
Pregnant women (%) immunized against:	Tetanus	..	..	64	..

* 0-36 months.

Morocco

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1992)	Total	83 / 62	73 / 63
	Male	102 / 75	85 / 73
	Female	63 / 47	60 / 53
Secondary enrolment ratio (gross/net) (%, 1980/1992)	Total	26 / 20	35 / 29
	Male	32 / 25	40 / 23
	Female	20 / 16	29 / 24
Adult literacy rate, 15 years & older (%, 1980/1995)	Total	29	44
	Male/female	42 / 16	57 / 31
Radio/television sets (per 1,000 population, 1980/1993)		155 / 46	219 / 79

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	15310	19382	24334	26488	29637
Population aged 0-15 years	(thousands)	7620	8813	10043	10315	10588
Population aged 0-4 years	(thousands)	2828	3199	3300	3421	3374
Urban population (% of total)		34.5	41.0	46.1	47.4	50.9
Life expectancy at birth (years)	Total	52	57	62	64	67
	Male	50	55	60	62	65
	Female	53	59	64	66	69
Total fertility rate		7.0	5.5	4.1	3.6	2.8
Crude birth rate (per 1,000 population)		47	37	31	28	24
Crude death rate (per 1,000 population)		17	12	9	8	7

		About 1980	Most recent
Contraceptive prevalence rate (%, 1987/1992)		36	42
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.5	2.2
	Urban	4.2	3.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1973-1985/1985-1994)		1.7	1.1
Inflation rate (%, 1980-1985/1985-1994)		8	5
Population in absolute poverty (%, 1979)	Urban/rural	28 / 45	.. / ..
Household income share (%, 1984-1985/1990)	Top 20%/bottom 40%	39 / 23	46 / 17
Government expenditure (% of total expenditure, 1983/1990)	Health/education	3 / 19	3 / 18
	Defence	15	13
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	5 / 8
Official development assistance: (1980/1994)	$US millions	894	631
	As % of GNP	5	2
Debt service (% of goods and services exports(1980/1993)		27	28

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1996 a/

COUNTRY: MOROCCO
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $13,200,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual b/	Planned	Actual	Planned	Actual	Planned
Health	2980	1342	782	0	199	0	1176	0	5137	6030	1342	6848	6479	12878
Education	432	198	62	194	0	0	395	0	889	545	392	500	1281	1045
Children in especially difficult circumstances	53	0	13	0	0	0	130	0	196	400	0	500	196	900
Planning and social mobilization	551	1	44	0	1,441	0	355	0	2391	1,250	1	0	2392	1250
Integrated area-based programme	1,415	80	123	30	212	0	355	-21	2105	4,975	89	4,190	2194	9165
Water supply and sanitation	19	227	0	0	0	0	0	0	19	0	227	0	246	0
Miscellaneous/Recovery cost	6	0	0	0	0	0	9	87	15	0	87	0	102	0
GRAND TOTAL	5456	1848	1024	224	1852	0	2420	66	10752	13200	2138	12038	12890	25238

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as at 31 December 1995.
b/ Actual GR expenditure includes allocations from global funds.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MOROCCO
PROGRAMME CYCLE: 1997-2001

(In thousands of United States dollars)

		1997	1998	1999	2000	2001	TOTAL
ADVOCACY AND IEC	GR	152	161	158	158	158	787
	FSF						
	NSF	192	187	176	166	153	874
	TOTAL	344	348	334	324	311	1,661
PRIMARY HEALTH CARE	GR	225	225	215	205	195	1,065
	FSF						
	NSF	665	665	665	665	665	3,325
	TOTAL	890	890	880	870	860	4,390
BASIC EDUCATION	GR	200	200	190	185	175	950
	FSF						
	NSF	370	370	370	370	370	1,850
	TOTAL	570	570	560	555	545	2,800
WATER, SANITATION AND HYGIENE	GR	200	200	190	185	175	950
	FSF						
	NSF	400	400	400	400	400	2,000
	TOTAL	600	600	590	585	575	2,950
PROMOTION OF WOMEN	GR	100	100	95	90	85	470
	FSF						
	NSF	150	150	150	150	150	750
	TOTAL	250	250	245	240	235	1,220
URBAN AREAS	GR	100	100	100	100	100	500
	FSF						
	NSF	200	200	200	200	200	1,000
	TOTAL	300	300	300	300	300	1,500
PROGRAMME SUPPORT	GR	583	464	502	527	562	2,638
	FSF						
	NSF	223	228	239	249	262	1,201
	TOTAL	806	692	741	776	824	3,839
TOTAL	GR	1,560	1,450	1,450	1,450	1,450	7,360
	FSF						
	NSF	2,200	2,200	2,200	2,200	2,200	11,000
	TOTAL	3,760	3,650	3,650	3,650	3,650	18,360

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MOROCCO
PROGRAMME : 1997-2001

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET (In thousands of US dollars)				POSTS a/										STAFF COSTS b/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
ADVOCACY AND IEC	787			787	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PRIMARY HEALTH CARE	1,065			1,065	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION	950			950	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER, SANITATION AND HYGIENE	950			950	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROMOTION OF WOMEN	470			470	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
URBAN AREAS	500			500	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT	2,638			2,638	0	0	0	0	0	0	0	2	10	12	142.6	1,907.9	2,050.5
TOTAL GR	7,360			7,360	0	0	0	0	0	0	0	2	10	12	142.6	1,907.9	2,050.5
SUPPLEMENTARY FUNDING :																	
ADVOCACY AND IEC		0	874	874	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PRIMARY HEALTH CARE		0	3,325	3,325	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
BASIC EDUCATION		0	1,850	1,850	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
WATER, SANITATION AND HYGIENE		0	2,000	2,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROMOTION OF WOMEN		0	750	750	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
URBAN AREAS		0	1,000	1,000	0	0	0	0	0	0	0	0	0	0	0.0	0.0	0.0
PROGRAMME SUPPORT		0	1,201	1,201	0	0	0	0	0	0	0	2	3	5	0.0	821.4	821.4
TOTAL SF		0	11,000	11,000	0	0	0	0	0	0	0	2	3	5	0.0	821.4	821.4
TOTAL GR & SF	7,360	0	11,000	18,360	0	0	0	0	0	0	0	4	13	17	142.6	2,729.3	2,871.9
ADM. & PROGRAMME SUPPORT BUDGET	Operating costs			1,271.8													
	Staffing				0	0	1	2	0	0	3	1	4	8	2,244.7	1,003.5	3,248.2
GRAND TOTAL (GR+SF+ADM)					0	0	1	2	0	0	3	5	17	25	2,387.3	3,732.8	6,120.1
Number of posts and staff costs:																	
Current programme cycle											6	5	15	26			
At the end of proposed programme cycle (indicative only)											3	5	17	25	2,387.3	3,732.8	6,120.1

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
ADM = administrative.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Exclude temporary assistance and overtime; include costs of United Nations volunteers.